Advance Africa End of Project Report: Interventions, Results, and Lessons Learned, 2000 - 2005

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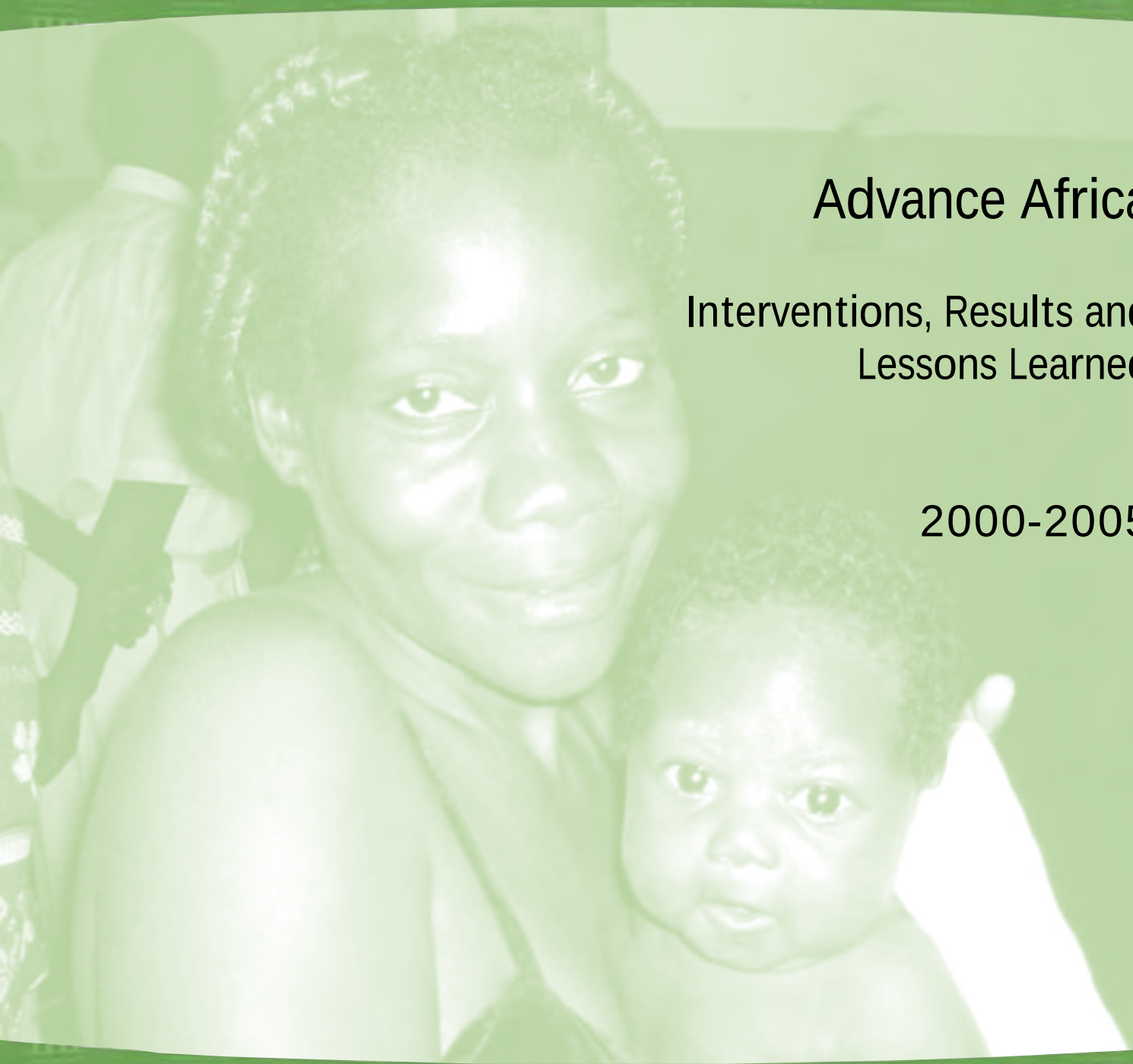

Advance Africa

Interventions, Results and Lessons Learned

2000-2005

Partner organizations: Academy for Educational Development • Centre for African Family Studies
Deloitte Touche Tohmatsu • Forum for African Women Educationalists
Family Health International • Management Sciences for Health

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ADVANCE AFRICA:

INTERVENTIONS, RESULTS AND LESSONS LEARNED

END OF PROJECT REPORT

2000-2005

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ACRONYMS

AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
ARH	Adolescent Reproductive Health
AWARE	West Africa Region Reproductive Health Project
BCC	Behavior Change Communication
CA	Cooperating Agency
CAFS	Centre for African Family Studies
CBD	Community-based Distribution or Distributor
CHW	Community Health Worker
CEFOREP	Center for Training and Research in Reproductive Health
CESAG	Centre Africain d'Etudes Supérieures en Gestion
CPR	Contraceptive Prevalence Rate
CRS	Catholic Relief Services
CYP	Couple-Years of Protection
DHS	Demographic and Health Surveys
DR Congo	Democratic Republic of Congo
DTT	Deloitte Touche Tohmatsu
FAWE	Forum of African Women Educationalists
FGC	Female Genital Cutting
FHI	Family Health International
FP	Family Planning
GDP	Gross Domestic Product
GH	Global Health
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
IEC	Information, Education, and Communication
IR	Intermediate Result
JGI	Jane Goodall Institute
JSI	John Snow International
KFW	Kreditanstalt fur Weideraufbau
KPC	Knowledge, Practices, and Coverage
LSE	Life Skills Education
MCH	Maternal and Child Health
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Nongovernmental Organization
OBS	Optimal Birth Spacing
OVC	Orphans and Vulnerable Children
OR	Operations Research
PAC	Post Abortion Care
PARTAGE	Pan African Regional Technical Assistance Group
PHC	Primary Health Care

PLWHA	Person Living with HIV/AIDS
PMI	Performance Monitoring and Improvement
PMTCT	Preventing Mother-to-Child Transmission
PSI	Population Services International
PVO	International Private Voluntary Organization
RH	Reproductive Health
RH/FP	Reproductive Health / Family Planning
SANFAM	Santé de la Famille
SANRU III	Sante Rural (Project) III
SARA	Support for Research and Analysis in Africa
SCF	Save the Children
SDM	Standard Days Method
SO	Strategic Objective
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
SOTA	State of the Art
TACARE	Lake Tanganyika Catchment Reforestation and Education Project
UN	United Nations
UNFPA	United Nations Family Planning Association
UNICEF	United Nations Children's Defense Fund
USAID	U.S. Agency for International Development
VCT	Voluntary Counseling and Testing
WAHO	West African Health Organization
WB	World Bank
WHO	World Health Organization
WHO/AFRO	World Health Organization/Africa Regional Office
ZNFPC	Zimbabwe National Family Planning Council

EXECUTIVE SUMMARY

This report presents the accomplishments of the Advance Africa Project which ended 30 September 2005. Advance Africa was a five-year Cooperative Agreement funded by the U.S. Agency for International Development (USAID) Global Health (GH) Bureau obligated on 29 September 2000. The project was implemented by a consortium of six organizations, four American cooperating agencies (CAs): Management Sciences for Health (MSH), the Academy for Educational Development (AED), Family Health International (FHI), and Deloitte Touche Tohmatsu (DTT), and two African organizations: the Centre for African Family Studies (CAFS) and the Forum for African Women Educationalists (FAWE). MSH was the prime contractor for the project.

The project, as part of USAID Strategic Objective 1 to "advance and support voluntary family planning and reproductive health programs worldwide," worked to achieve three intermediate results (IRs):

IR1. Global leadership demonstrated in reproductive health and family planning (RH/FP) policy, advocacy, and services
IR2. Knowledge generated, organized, and communicated to advance best practices
IR3. Support provided to the field to implement effective and sustainable RH/FP programs

The project worked with clinical and non-clinical programs to reposition family planning in Africa, and developed an effective mechanism to identify, document, disseminate, use and scale up promising and best practices. The project also demonstrated innovative approaches to successfully integrate RH/FP various health and non-health settings.

Due to the strategic leadership and innovative approaches to collaboration with international, regional, national and local organizations, the agenda of repositioning family planning has fulfilled its major objectives. Before project implementation, family planning was dramatically losing ground or ignored throughout Africa due to the competing priorities countries faced. Today family planning has become, at least from a political and technical viewpoint, a key priority health intervention for Ministers of Health from all 46 World Health Organization/Africa Regional Office (WHO/AFRO) member countries who signed the WHO/AFRO framework for repositioning family planning. They all recognized and adopted RH/FP as a priority program to accelerate health development in the next ten years and to attain the Millennium Development Goals by 2014.

Advance Africa's work in best practices is well-known and has become a reference for many organizations interested in the concept, both in Africa and in the US. Under the Best Practices Initiative, the project developed: a definition of best practices, a process for the identification, validation and classification of practices, and a searchable database for users. The project leaves behind a user friendly computerized Best Practice Compendium with 250 practices reviewed and validated by the project's Best Practice Review Board which was comprised of renowned RH/FP experts.

Advance Africa's has also attained significant achievements in it's collaboration with Zimbabwean National Family Planning Council (ZNFPC) to integrate RH/FP into the community-based distribution (CBD) work in 16 of 57 health districts in Zimbabwe. The services statistics and impact evaluation of this expanded CBD program show substantial progress. In two years (2002 to 2004) CBDs referrals to VCT centers increased from 121 to 2,189. The impact evaluation comparing the baseline and the end line surveys showed a significant increase of respondents' awareness of the risk factors, of HIV testing history, and of improved referrals from CBDs for HIV testing. For instance, this study showed 16% more males reporting having only one partner during the last 12 months than were reported at the baseline. Most significantly, the number of clients referred to the VCT centers by the CBDs at the end line increased from 0 to10%. Although this program was not designed to directly support the family planning component of the CBD's work, the study indicated that 65% of people interviewed had used family planning methods during their last sexual encounter compared to 61% at the baseline (a 4% increase). The results from three missions supported to integrate Family Planning into their VCT center showed an impressive increase in new users in less than 12 months representing 68.2% of FP users among women tested in these centers.

There were similar positive results in the integration of FP activities into the PHC package in Senegal and Mozambique. In Senegal, Advance Africa focused on revamping the national monitoring tool and integrating RH/FP indicators into the national system which enabled the MOH to improve PHC and RH/FP program performance. Advance Africa worked with FAWE in Senegal to integrate a Life Skills Education (LSE) component into the national curriculum to combat the harmful effects of Female Genital Cutting. In Mozambique, the USAID mission requested that Advance Africa coordinate the work of a number of NGOs to improve the maternal and child health and RH/FP services. Advance Africa's coordination efforts were a significant factor in increasing the CPR from 9.2% to 12.9 %.

In DR Congo, the number of new modern contraceptive users in 23 covered health zones increased from almost zero to 86,938 (for a CPR of 13.9% of women ages 15 to 49) and the CYP increased by 136%. Preliminary results from Advance Africa's collaboration with the Jane Goodall institute to integrate FP into conservation activities were very encouraging. During the first four months of the program the Lubero health zones an estimated 5,860 estimated eligible women became new users of modern contraceptive methods for a CPR of 20%.

Advance Africa demonstration projects in the post-conflict countries of Angola and DR CONGO have proven the feasibility rapidly and effectively implementing RH/FP services in post conflict settings. In Angola, using a holistic community approach that included the previous separatist combatants from the UNITA party, Advance Africa succeeded in rebuilding the RH/FP system of the Huambo province for 2.2 million people. The Angola program showed a significant increase in the new users from zero to 44,549 in 18 months.

Advance Africa's global strategy consisted of: building global alliances and partnerships with other organizations; the development and use of appropriate and user friendly tools such as best practices, performance monitoring and improvement to strengthen service delivery; and providing rapid quality RH/FP service system to post conflict settings. The overarching goal of this report is to share the results, processes, and lessons learned to further serve other projects

working in the promotion of RH/FP in the complex and difficult environments of developing countries.

INTRODUCTION

Advance Africa received a five-year Cooperative Agreement (September 2001 to September 2005) from USAID, Global Health (GH) Bureau, to provide technical assistance in reproductive health and family planning service delivery in sub-Saharan Africa (SSA). During the life of the project, Advance Africa contributed to the achievement of the Bureau's following Strategic Objectives:

- SO1: Advance and support voluntary family planning and reproductive health programs worldwide
- SO2: Increased use of key maternal health and nutrition interventions
- SO4: Increased use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic

The objective of the Advance Africa Project was to increase the use of sustainable, quality RH/FP services and healthy practices through clinical and non-clinical programs, with the following Intermediate Results:

- IR1: Increased access to and improved quality of RH/FP clinical and non-clinical programs
- IR2: Increased capacity for informed RH/FP decision-making among clients and communities
- IR3: Improved awareness of the importance of the health benefits of family planning among African policy-makers

Program Description

Advance Africa was a reproductive health and family planning service delivery project that responded to the continued need to strengthen RH/FP services in sub-Saharan Africa (SSA) by offering high-quality services to a variety of client groups with different reproductive health needs and thereby contributing to their health and development.

Advance Africa worked with USAID missions to respond to their needs, scale up existing efforts by closing gaps in service delivery, and build partnerships among public and private health and non-health organizations. The project implemented family planning initiatives within the broad context of Africa's HIV/AIDS pandemic. Advance Africa worked with USAID to identify the most effective strategies for integrating RH/FP with HIV/AIDS, life skills education, and environmental conservation interventions, as well as with its U.S. partners to develop tools and approaches to ensure effective attainment of the project's objective. The project was flexible and comprehensive, offering a broad range of state-of-the-art (SOTA) RH/FP expertise with a solid understanding of the African context.

The Advance Africa consortium consisted of six partner organizations: Management Sciences for Health (MSH)-lead, the Academy of Education Development (AED), the Centre for African Family Studies (CAFS), Deloitte Touche Tohmatsu Emerging Markets, Family Health International (FHI), and the Forum for African Women Educationalists (FAWE). Total funding received from USAID was $29,750,878, consisting of $16,272,288 in Core funding and $13,478,590 in Field Support.

Advance Africa supported clinical and non-clinical programs in repositioning family planning, improving access and quality of reproductive health services, and mitigating HIV/AIDS in high-prevalence sub-Saharan Africa, with major country programs in Angola, DR Congo, Mozambique, Senegal and Zimbabwe. The project also provided short-term technical assistance to Benin, Ethiopia, Madagascar, Nigeria, Rwanda, South Africa, and Zambia. The main initiative was to promote family planning as a health and development intervention to reduce maternal and child mortality. Salient project activities included advocacy, strategic planning, training, capacity building and technical collaboration with other agency and foundation programs.

Advance Africa used a multifaceted approach to strengthen RH/FP services, focusing on enhancing effectiveness at the program level to increase the impact and scale of service delivery programs. More emphasis was placed on strategies that addressed rural and suburban underserved populations such as adolescents, low-parity women, postpartum women, internally displaced persons (IDPs), refugees, illiterate and impoverished women and men, and included post-conflict countries.

Advance Africa demonstrated technical leadership by developing and honing several practical management tools and approaches for improving and scaling up programs at the field level as part of global repositioning family planning initiatives. These tools and approaches included research, development, and institutionalization of the Best Practices approach and its interactive database/compendium, together with a Strategic Mapping methodology. The Best Practices Compendium became an interactive, dynamic database that enabled managers to identify and share SOTA practices that could be replicated, adapted to local contexts, and scaled up. The Advance Africa Performance Monitoring and Improvement (PMI) tool was used at the service delivery point to improve the quality of services and worker productivity. This tool provided a systematic approach to periodically measure performance, identify gaps and weaknesses, and make adjustments using existing best practices. Strategic Mapping involved an innovative, participatory planning process to help managers identify and address program gaps and weaknesses.

In 2004, Advance Africa developed a new multidimensional strategy for Repositioning Family Planning in Africa which included an advocacy component to restore FP as a priority health and development intervention at country and regional levels. The strategy also included the integration of FP activities into both health and non-health programs, such as HIV/AIDS, life skills education among adolescents, and environmental conservation programs. Advance Africa's search for evidence-based best practices and lessons learned in implementing family planning programs in Africa supported the implementation of the global Repositioning Family Planning strategy. The emphasis was on the health and social benefits of family planning and

longer birth intervals (Optimal Birth Spacing), the advantages of integrating family planning into other reproductive health interventions, and strategies using evidence-based demonstration projects and advocacy.

ACTIVITIES

1. GLOBAL AND REGIONAL PROGRAMS/CORE FUNDED ACTIVITIES

The major global and regional activities and initiatives supported by Advance Africa included: Repositioning Family Planning in Africa, Best Practices, Strategic Mapping, and Performance Monitoring and Improvement. It brought these tools and approaches to the field through demonstration projects. For example, in Mozambique, Advance Africa developed and tested an Optimal Birth Spacing (OBS) model. Advance Africa used Core funds in Angola to initiate a very successful FP service delivery project in a post-conflict setting. Strong preliminary results led the Mission to provide funding to continue this demonstration project. In DR Congo, Advance Africa collaborated with the Jane Goodall Institute to demonstrate the feasibility of integrating FP into conservation activities. Advance Africa also used Core funds to work with the Santé Rural Project (SANRU) to initiate the integration of FP into the primary healthcare package. This initiative was also subsequently funded by the Mission. Advance Africa, in conjunction with the Post Abortion Care (PAC) steering committee, helped organize and participated in the francophone Africa PAC, where the project sponsored 11 delegates from ministries and the Pan African Regional Technical Assistance Group (PARTAGE). Advance Africa supported the institutional development of members of PARTAGE through training and information sharing. It also provided technical assistance to several of the PARTAGE members to integrate FP into PAC activities.

A. Repositioning Family Planning in Africa

Overview

In October 2002, Advance Africa coordinated a meeting in Arlington, VA, on the "Status and Trends of Family Planning in Sub-Saharan Africa," in collaboration with USAID, USAID/Africa Bureau, the POLICY Project, Population Council, and the Support for Research and Analysis in Africa (SARA) Project. Over 70 participants from 23 organizations worked together to produce recommendations for repositioning family planning in SSA. The meeting report was widely disseminated with over 1,000 copies sent out electronically and in hard copy.

To effectively meet the RH/FP challenges in the African region, Advance Africa developed a global multi-dimensional Repositioning Family Planning strategy through integration of family planning with other health and non-health activities. This strategy was based on recommendations from: the October 2002 meeting, works with the Repositioning Family Planning Working Group (with Advance Africa as a member), collaboration with WHO/AFRO, and suggested programmatic approaches resulting from the Demographic Health Surveys (DHS) for longer birth intervals.

This strategy included all programmatic and operational aspects of family planning emphasizing couple and family needs for contraception and birth spacing and the role and responsibility of decision makers and providers in satisfying these needs. The repositioning initiative addressed the particular needs of couples desiring to space or limit births, individuals who are HIV positive, and youth making important life decisions. The strategy provided a framework within which Advance Africa planned and implemented program activities.

Repositioning Family Planning became Advance Africa's major leadership initiative and a primary priority for USAID. Integration was identified as a central point around which all interventions aimed at accomplishing the strategic objective of increasing the use of quality RH/FP health services. This implied that short- and long-term technical assistance, demonstration projects, and the use of project tools and approaches were geared toward integrating family planning into other health and non-health interventions.

1. National and Regional Advocacy

The advocacy component of Advance Africa's strategy for Repositioning Family Planning was designed to raise the awareness of decision makers on the importance of family planning as a health and development intervention in the context of the many challenges facing the African sub-continent.

There were several successful advocacy activities implemented in Mozambique, in DR Congo, and through the Regional Reproductive Health Task Force Meetings, coordinated by WHO/AFRO. The first draft of the WHO/AFRO Framework for Repositioning Family Planning was prepared during these meetings. These activities culminated with an Advance Africa co-sponsored "Repositioning FP in West Africa" a four-day regional advocacy conference in Accra, Ghana with WHO/AFRO, USAID/West Africa Regional Program, the Action for West Africa Region Reproductive Health Project (AWARE-RH), and the POLICY project. The conference provided a forum for key stakeholders in West Africa to reposition family planning as a means of addressing unmet need. Participants included multi-sectoral country teams from Benin, Burkina Faso, Chad, Cote d'Ivoire, Ghana, Guinea, Guinea-Bissau, Madagascar, Mali Niger, Nigeria, Rwanda, Senegal, Sierra Leone and Togo. The conference registered over 255 attendees from West African countries and two countries outside of West Africa.

Advance Africa also focused on enhancing family planning services for specific underserved populations such as HIV positive individuals, youth, and IDPs. Illustrative examples of the major demonstration projects are offered below.

2. Integration of Family Planning and HIV/AIDS Programs

HIV/AIDS remains an important issue throughout SSA, Advance Africa decided to target family planning needs of people living with HIV/AIDS (PLWHAs). The project focused on the integration of family planning counseling, services, and referral within VCT and prevention of mother-to-child transmission (PMTCT) programs, as well as social mobilization and support upon return to their communities for those who tested positive. Within the global strategy, Advance Africa implemented demonstration projects to increase access to family planning

services for PLWHAs specifically and others seeking HIV/AIDS-related services in general. These integration efforts were implemented in Mozambique, Zambia and Zimbabwe. *(More information on these activities can be found in the country programs section.)*

3. Integration of RH/FP with Life Skills Education for Adolescents

The Forum for African Women Educationalists (FAWE) is an advocacy organization that works to ensure girls' education throughout SSA. Advance Africa formed partnerships with specific FAWE chapters, especially those working in three long-term intervention countries: Mozambique, Zimbabwe, and Senegal. LSE training tools were developed, refined, and used in activities for country-specific programs in Mozambique and Zimbabwe. *(More information on these activities can be found in the country programs section.)*

4. Integration of Family Planning and Conservation

USAID identified Advance Africa as the technical assistance mechanism through which the Jane Goodall Institute (JGI) would receive USAID support to integrate RH/FP into an environmental conservation program along the Congo River Basin. A community-based strategy was chosen to deliver RH/FP services in the Lubero Health Zone of Graueri Landscape in Eastern DR Congo using existing health posts, clinics and hospitals for referrals. Contraceptives and kits for CBDs were supplied for trainees. *(More information can be found in the DR Congo country program section.)*

5. Optimal Birth Spacing - Operational Research

Advance Africa designed and initiated a study to gather evidence on the feasibility of using social networks to successfully promote OBS messages in collaboration with World Vision, Save the Children (SCF), and the FRONTIERS Project in Mozambique. This project in Lioma, Gurue District measured the reported intent to space and family-planning-use behavior during a measured amount of time to determine the feasibility of an intervention that would increase reported knowledge and intention to space births among women, men and couples in this community (2004).

Community and social network leaders were identified to become OBS Community Messengers to disseminate OBS messages among community members. The Lioma school teachers informed and discussed fertility and birth spacing issues with parents and students.

Results

The multidimensional global strategy for Repositioning Family Planning presented above yielded a number of significant results to bring back Family Planning as a priority intervention.

- Advance Africa played a key role by providing technical assistance in drafting the WHO ten-year framework (2005-2014) for accelerated action to reposition family planning in RH services in the African region.

- African ministers from all 46 WHO/AFRO member countries adopted this framework at the 54th WHO/AFRO Regional Committee meeting 30 August – 03 September 2004 in Brazzaville, Congo. This marked a major milestone in the project's advocacy strategy for repositioning RH/FP programs.

Figure 1 **– WHP/AFRO Member States**

- National-level conferences occurred in DR Congo and Mozambique. At these conferences participants revised national family planning programs and important steps were taken to strengthen their implementation.
- Demonstration and research projects were successfully carried out in Angola and Mozambique to highlight the benefits of implementing family planning in difficult environments.
- Advance Africa succeeded in integrating family planning with several health and non-health activities: with HIV/AIDS in the Zimbabwe Expanded CBD Program, with VCT and PMTCT centers in Zimbabwe, with PHC in the DR Congo and Senegal programs, and with the JGI conservation program in DR Congo. This integration added value at both programmatic and operational levels.
- Reproductive health and family planning were advocated through integration of family planning into various LSE activities in collaboration with FAWE's chapters in Mozambique, Senegal and Zimbabwe. A further discussion of the results from this collaboration can be found in the country specific chapters of this report.

Lessons Learned

- A multifaceted approach and collaboration with regional organizations are critical in implementing a global strategy such as repositioning family planning.

    - Advocacy conferences, integration of family planning into health and non-health activities, demonstration programs to show the benefits of family planning in difficult environments, and operational research on the health and social benefits of family planning, were all instrumental in the success of repositioning family planning all over Africa.

    - The collaboration with WHO, as a regional organization whose mandate is to provide technical assistance to member states, allowed Advance Africa to reach all 46 sub-Sahara African countries in a short period of time with limited resources.

- The use of valid data is crucial to convince people of the health benefits of longer birth intervals and the negative consequences of unmet need.

B. Best Practices Initiative

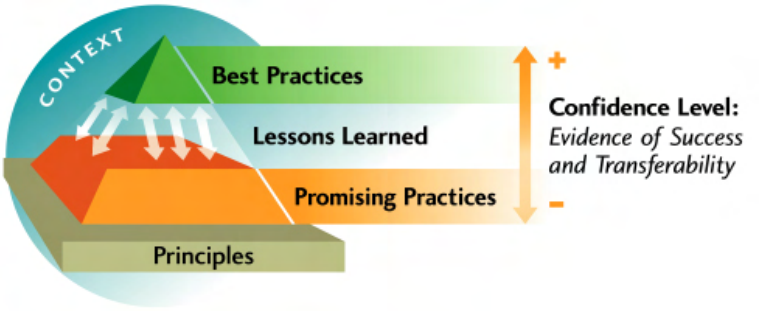
Overview

In 2001, Advance Africa initiated the identification, documentation, and promotion of best practices in RH/FP to provide countries in Africa and worldwide with appropriate technical assistance to improve or expand their reproductive health programs. The approach focused on public health interventions or program models as opposed to medical/clinical practices. The Best Practices Compendium was designed to provide an accessible, dynamic, user-friendly, SOTA reference tool of technically sound and previously implemented best practices within program interventions. Program managers who designed and implemented RH/FP programs were the primary target audience, while secondary audiences included policy makers, technical staff, project developers, researchers, international organizations, and public health institutions. Advance Africa used a participatory approach, coordinating efforts, gathering and managing information from various sources, and involving other organizations in the process.

As a first step, Advance Africa established a Best Practices Advisory Group to develop standardized, unbiased criteria for identifying best practices in RH/FP and assist in the creation of a database to house the practices for dissemination purposes. Best practices included innovations or experimental approaches, SOTA interventions, and associated principles. The best practices approach used a documented, evidence-based critical thinking framework to validate the Compendium, with criteria distinguishing between “best” and “promising” practices while maintaining quality control of the best practices.

Developing the Best Practices Compendium was an opportunity to address a heavily debated topic and to develop a tool which would fill the gap in RH/FP programmatic best practices. Advance Africa successfully developed a set of criteria to assess and classify practices considered "promising" and "best" (Diagram 1)[1].

Diagram 1. Advance Africa Pyramid of Practices



Among all users, feedback indicated high interest in this tool and confirmed the need for such a compendium as an important reference source. The project was proactive in sharing the best practices approach and the Compendium's criteria, methodology, and review process with CAs and African reproductive health institutions in a number of domestic and international forums, including: Implementing Best Practices (IBP), Strategies for Enhancing Access to Medicines (SEAM), Global Health Council, Action for West Africa Region Reproductive Health and Child Survival Project (AWARE-RH), AWARE-HIV/AIDS, WHO/AFRO, and at national and regional repositioning meetings.

Results

The Compendium contains 250 practices that were accepted by the Best Practices Peer Review Board. The demonstration web-based model Compendium first became available online in July 2002. A more user-friendly format was subsequently developed and went live at www.advanceafrica.org/compendium[2] in June 2003. The Compendium had a review board of 22 global active members who reviewed over 400 practices.

Statistics for the Compendium website showed increased use over time coinciding with periods of greater outreach and dissemination, with a total of 46,000 hits over 2 years. The peak was in late 2004, with 9,703 hits and 1,653 visits. During the last two years of the Advance Africa project, the proportion of users averaged 70% from the US and 30% from other countries or unknown origin. Users were primarily program managers, researchers, and RH/FP/HIV/AIDS technical advisors. These results demonstrated that Advance Africa successfully reached its target audience. In addition, partners included links from their websites to the Best Practices Compendium.

For program managers who did not have easy or ready access to the Internet, Advance Africa created alternative materials to expand the dissemination of the Compendium and related project materials and tools. These included: CD-ROMs; Best Practices Mini-Compendia on ARH,

[1] Advance Africa defined "best practice" as a specific action or set of actions exhibiting quantitative and qualitative evidence of success with the ability to be replicated widely and the potential to be adapted and transferred to support program objectives. "Promising practice" was defined as a specific action or set of actions exhibiting inconclusive evidence of success or evidence of partial success and might not be possible to replicate in more than one setting.
[2] The Compendium may be viewed after September 30, 2005 at: www.msh.org.

HIV/AIDS, PAC, and Private Sector Interventions; Best Practices Updates; and Best Practices Technical Briefs. All of these materials were also available electronically. In addition to the web site, Advance Africa distributed 5,300 CD ROMs containing the Best Practices Compendium.

Advance Africa conducted two internal assessments during the project, one in September 2004 and one in January 2005. Key results from the first assessment indicated that:

- 70% of respondents learned about the Compendium through direct contact with Advance Africa staff, colleagues, or consortium partners
- 90% of respondents preferred to access the Compendium online
- 90% of respondents rated the Compendium as very useful and an accurate resource
- Additional responses noted that the Compendium was being used as a training tool by professors and students at public health institutions, as well as in field training and capacity-building for technical staff and program developers

Respondents of the second assessment indicated that they worked in sub-Saharan Africa (74%) and/or Asia and the Near East (35%) and were primarily program managers (30%), RH/FP and HIV/AIDS technical officers (15%), medical professionals (15%), and researchers (13%). Approximately 21% of the total survey respondents were program managers from SSA.

Strategic Mapping was developed as a best practices approach and was used to identify gaps and create action plans to strengthen RH/FP programs. This innovative approach and the tool were used in Angola, Benin, Ethiopia, Rwanda, and Senegal. A draft manual was developed and disseminated in June 2004, reflecting the experiences of users and facilitators in these countries and provided a hands-on guide to conducting a consensus-based analysis and flexible planning exercise.

Advance Africa successfully used this tool to develop national action plans for strengthening RH/FP in Senegal, Rwanda, Benin and Angola. The Strategic Mapping tool is now fully integrated into the World Bank Institute's annual course, "Adapting to Change: Population, Reproductive Health, and Health Sector Form," a course which is offered globally as well as in selected countries for national application. Trainers from the Institut de Santé et Développement in Dakar, Senegal, have been trained in the methodology so that they can provide training on strategic mapping as part of the World Bank course.

Lessons Learned

- Formation of the Best Practices Advisory Group, which brought together experts familiar with best practices and willing to engage in decision-making, was pivotal in building consensus on what to include in the Compendium.
- For complex tasks such as promoting best practices in reproductive health and family planning, collaboration with many experienced people and organizations is necessary. The definition of the concept, the identification of criteria for selection and classification, as well as the development of user friendly dissemination methods, require a consensus of experienced public health professionals.

- The dissemination of promising and best practices through the compendium, CDs, conferences and workshops, was not enough to ensure their utilization by the target program managers and service providers. A marketing strategy is necessary to promote the effective utilization of the practices.

2. FIELD-SUPPORTED ACTIVITIES

Advance Africa supported five major country programs: Angola, DR Congo, Mozambique, Senegal, and Zimbabwe. In each instance Advance Africa responded to the individual USAID field mission requests and the country's socio-political context. Therefore the country programs and types of technical assistance provided were different in nature, significance, and level of complexity. All activities were aimed at achieving the strategic objective as stated on page 4, but in different settings and using different channels and mechanisms.

A. Angola

Overview

After 27 years of civil war between government and rebel forces, a formal ceasefire agreement brought the possibility of a lasting peace to Angola in 2002. The years of violence left their mark, however; some one million people were killed and an estimated 3.7 million were significantly impacted. Water and sanitation systems were destroyed and health-care services are currently either inaccessible or nonexistent. In 2002, maternal mortality was estimated at 1,300 per 100,000 live births, and the infant mortality rate was 122 per 1,000 live births. In 2000 the mortality rate for children under five was 208 per 1,000. Only 38% of the population had access to an improved water source; 41% of children under five were malnourished. As Angola moves from crisis to recovery, aid agencies and donors have begun to shift their strategies for country programs to transitional activities.

In mid-2003, Advance Africa, in collaboration with the MOH, stakeholders and major players, conducted a Strategic Mapping exercise that focused special attention to a BCC social mobilization strategy. Based on the results, USAID/Angola requested that Advance Africa work with the MOH to strengthen RH/FP services in Huambo, a province formerly controlled by the UNITA party that was devastated by the war.

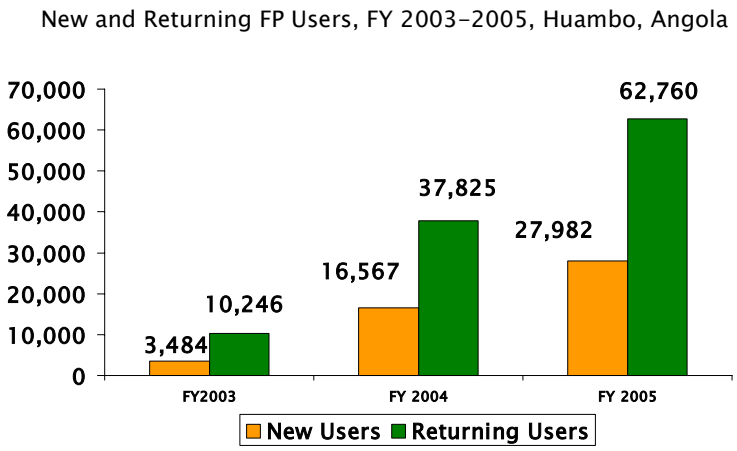
Results

With Advance Africa's support. 17 (out of 25) health centers in the Huambo Province were revitalized and made fully functional to provide family planning services covering a population of more than 2.2 million people. The community health workers selected and training included the 80 former members from UNITA who were integrated into the government systems.

The SDM was tested in two health centers with 500 users being monitored, the aim being to expand this method to other health centers.

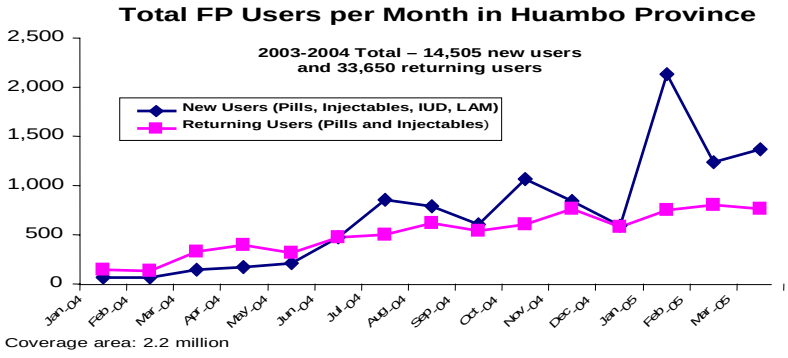
Diagram 2.

Making Family Planning Available: Making services and commodities available and increasing access to information increased family planning use rapidly.



The contraceptive logistics system was restored and, as commodities began to be distributed, service utilization significantly increased. Supervision and monitoring and evaluation components were reinstated into the RH/FP services. Using 2003 as a baseline, 2004-2005 showed 44,549 new users and in 2005 alone there were 62,760 returning users (Diagram 2). The performance of health centers increased monthly (see fig.2).

Fig.: 2. FP Users Increase with Improved Services and Information in Angola



Male involvement in family planning also significantly increased. Using the lot quality assurance sampling method (LQAS) the Huambo project tracked that male family planning users increased by 10% between 2004 and 2005. Male knowledge about family planning methods increased to 75% by the end of the project.

Lessons Learned

- Community ownership is critical to the widespread and continued use of community-based services. In the Angola situation the BCC strategy was tailored to the local community's needs and environment and local groups were involved early on. Local participation facilitated implementation of essential PHC services, while promoting the integration of family planning services into the country's PHC system.

- The strategic partnership with UNFPA was critical to the success of the program, whereby zero stock-outs occurred in the 15 health centers with UNFPA taking responsibility for the commodity security component for those centers.

- The Huambo Provincial Directorate will be able to sustain activities after the end of the project as a result of having actively participated in all project activities and taken a leadership role in the process.

B. Democratic Republic of the Congo

Overview

The staggering health problems in the Democratic Republic of the Congo (DR Congo) have been exacerbated by five years of civil war. Health statistics in the DR Congo are reportedly among the worst on the continent: maternal, infant, and child mortality rates are very high; total fertility is still extremely high at nearly seven children per woman; and of those living with HIV, more than half are women (55%). In 2002 the National CPR (all methods) was 8%; however, the CPR for modern methods was only 2% (2002)[3]. Adolescents become sexually active at a young age, and 16% of total fertility can be attributed to births to women between the ages of 15 and 19.

A heavy concentration of IDPs who crossed the Congo River on foot currently reside within the country's borders, having fled from Rwanda-controlled areas into DR Congo controlled areas. The difficult living conditions and hardships IDPs face every day make the general and reproductive health needs of IDPs especially great.

To address these problems and improve the health of the population as a whole, the Congolese Government and its partners have adopted PHC strategy. The SANRU III PHC project (funded by USAID) was a partnership project of Interchurch Medical Assistance and the Protestant Church of Congo to promote a minimum package of PHC services, including MCH and RH/FP, through strengthening management capabilities in rural health zones. At the request of USAID/DR Congo in early 2003, Advance Africa provided technical assistance to the SANRU III Project in 23 health zones of five provinces. including three sites for internally displaced persons (IDPs) and the JGI conservation site. In DR Congo, Advance Africa: adapted the

[3] A UNFPA report entitled "Recommendation by the Executive Director; Assistance to the Government of the Democratic Republic of Congo" in 2002 quotes a country wide CPR of 8%. Similarly in 2002 the JSI Research and Training Institute on behalf of the Reproductive Health for Refugees Consortium found that only 3% of Congolese women use a modern method of contraception in their "Assessment of Reproductive Health in the Democratic Republic of Congo".

Performance Monitoring and Improvement (PMI) approach in SANRU III health zones, supported training efforts, and promoted advocacy and implemented behavioral change activities; developed and used BCC tools for behavior change and strengthened the capacity of providers (clinical and non-clinical); supported a national advocacy conference held in Kinshasa in May 2004 with over 150 participants; worked with the MOH's National Reproductive Health Program for changing the national reproductive health law (the 1820 law) and legal age of marriage.

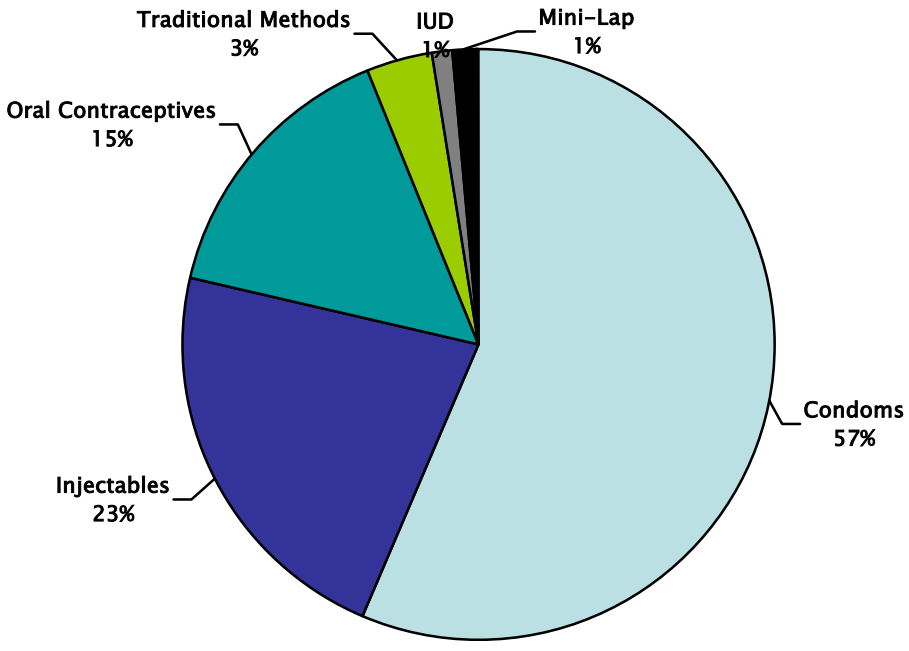
Results

The collaboration with SANRU showed a significant increase in the use of family planning services and modern contraceptive methods in all the 23 health zones including the three IDPs supported by the SANRU III project. The CYP increased 136 times in the first 12 health zones where activities started in FY 2003 – 2004. The number of modern contraceptive new users in all 23 health zones rapidly increased from almost zero to 86,938 new acceptors from May 03 to March 05 (13.9% of women 15-49). There was an impressive range of modern contraceptives adopted by the new acceptors, with the leading method being the condom (Figure 3).

During the first four month almost 20% of the 5,860 women estimated eligible were new FP acceptors in the Jane Goodall Institute conservation zone. All seven methods available were used, which demonstrates the potential of providers to deliver a wide range of modern methods in a low resource setting after being newly trained in RH/FP.

Advance Africa leveraged the inclusion of RH/FP in WB's new US$150 million project, but the amount which will be allocated to this initiative was not yet determined at the time this report was prepared.

Figure 3. Method Mix among New Clients, 23 Health Zones, DR Congo
May 2003 – March 2005 (n = 86,938)



Lessons Learned

- Working in DR Congo illustrated the many challenges facing family planning in post-conflict countries. It is vital that the commodity security component be simultaneously addressed and remedied while promoting advocacy and social mobilization efforts to rebuild and re-launch family planning services.

- In the post-conflict context, emerging and reemerging diseases, and poverty become priority concerns for the government and the donors. In the face of these competing priorities it is even more challenging to re-launch, strengthen, and "reposition" family planning.

- The highly religious population in DR Congo makes it particularly important not to overlook the influence that religious leaders and faith-based groups have in country. Advocacy efforts must include the involvement of faith based organizations to ensure the success of repositioning family planning within PHC.

- Buy in from the MOH at all levels provided leverage and support, which will contribute to sustainability after the project closes.

- Unstable political conditions have an affect on project implementation, leading to delays in certain activities where instability makes it difficult to get necessary supplies and materials to some provinces.

C. Mozambique

Overview

Mozambique has 19.6 million inhabitants, 67% of whom live in rural areas. The GDP per capita is US$230, and 69% of the population lives below the poverty line. Infant and maternal mortality are high; in fact, the WHO and UNICEF rank Mozambique's maternal mortality rate as one of the highest in the world. Overall, the health status of the population is lower than the average for African countries, and conditions have been exacerbated by years of flood and drought. Fertility is high, and contraceptive use is low. HIV prevalence is rising, with ominous implications for economic development and social stability. The public health system in Mozambique is stretched thin as it attempts to provide coverage for a large, dispersed, and poor rural population.

USAID/Mozambique requested Advance Africa to "bridge" their third Strategic Objective (SO3) "increased use of MCH/FP services" until a new bilateral was in place. Working through the Health Services Delivery Support project, Advance Africa implemented a transition program of activities from July 2003 through August 2004while the Mission developed its new strategy. The Advance Africa/Mozambique program had three components: 1) increasing the use of improved RH/FP services through strengthening capacity of health workers in Zambezia and Nampula provinces, 2) coordinating six PVO/NGOs and four CAs active in six provinces of the country as a means to reach and link these organizations with the MOH at all levels, and 3) developing a monitoring and evaluation (M & E) plan for all CA and NGO partners to use for measuring progress toward the Mission's SO3. This program included assistance in grants management (eight sub-awards totaling US$5.1 million), coordination, and technical support to NGOs. In addition, Advance Africa worked with the FRONTIERS Program, SCF, and World Vision to

assist the MOH in implementing an OBS project in collaboration with the Provincial Directorates of Health in Nampula, Zambezia, and Gaza.

Results

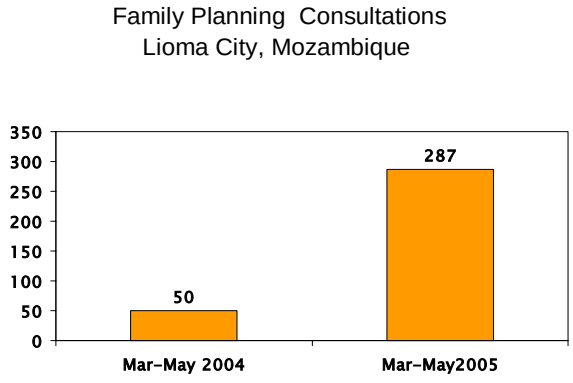
Advance Africa trained all health staff in the provinces of Zambezia and Nampula in RH and assisted the MOH in launching an integrated supervision program.

The KPC conducted in 2004 by Advance Africa in collaboration with PVO/NGO indicated a high level of knowledge of contraceptive methods and where to obtain contraceptives. On average, 80% of the women aged 14 to 49 years knew at least one modern family planning method. Knowledge on where to obtain the methods was high in most provinces, ranging from 73% to 92% (averaging 90.1%). However, reported contraceptive use was only 13% for all modern methods with Nampula having the lowest rate of modern methods (5.5%) and the highest rate for traditional methods (24.6%). Gaza province, with the highest literacy rate, had the highest score in knowledge of modern methods (23.4%).

Through Advance Africa's successful coordination the combined efforts of the four CAs and six NGOs (in 34 districts and six provinces) resulted in an increase in CPR from 9.2% to 12.9%. In Loma city the CPR increased more than five times in less than 12 months (figure 4). Pills and injectable contraceptives were the preferred choice.

A new approach to promote OBS was tested using social networks, and a new draft Repositioning Family Planning policy was developed. The short OBS operation research project also showed promising increases in family planning consultations (Fig.4).

Fig. 4 Results: **Mozambique**



Lessons Learned

- As a centrally funded project, Advance Africa provided a flexible mechanism for country missions to rapidly deploy technical assistance in support of their RH/FP strategies.

- It is critical for the success of any RH/FP service delivery program to ensure that contraceptive security exists.

- A marked preference for traditional contraceptive methods represented an opportunity to introduce fertility awareness methods, such as Standardized Day Method, as part of an OBS approach.

D. Senegal

Overview

Senegal PHC program has improved, but access to quality RH/FP services is still limited, especially in rural areas. Although a low HIV prevalence rate has been successfully maintained, maternal mortality is high (1,200 per 100,000 live births), the fertility rate is relatively high (over five children born per woman), and the CPR is low (10.8%, 1997 DHS).

At the request of USAID/Senegal in October 2001, Advance Africa supported both health and non-health activities including strengthening the PHC services. Assistance covered the monitoring system, strategic mapping to facilitate the integration of HIV/AIDS and family planning programs in Kaolak region, integration of family planning and PAC activities through a regional partnership, and integration of FGC education and awareness into secondary schools through FAWE's network.

Advance Africa collaborated with the Senegalese chapter of FAWE to combat FGC by integrating FGC prevention instruction into the formal education sector. FAWE is known for its advocacy efforts, making girls' education a priority, and could work through its network of supporters, teachers, and students. A reference manual of FGC facts and information was developed for trainers and teachers. Most importantly, Advance Africa and FAWE developed a national curriculum integrating prevention of FGC instruction, an intervention that could be scaled up from the initial six targeted regions to all regions in the country. A "training of trainers" program was conducted and cultural activities were held in communities to elicit participation from parents and community leaders in eradicating FGC.

Results

The PMI tool contributed to a strengthened national PHC system and national family planning program. Through the use of this comprehensive management tool, the MOH provided better coverage of monitored activities. Family planning indicators were included in the national performance monitoring system.

Through FAWE's collaboration with the Ministry of Education, FGC information and messages were integrated into the school curriculum. Two hundred teachers were trained to provide FGC information and education and more than 32,000 students were reached. Topics covered include the legal ban of FGC in Senegal, the health consequences of FGC, the social, cultural and religious beliefs surrounding the practice, and current activities designed to prevent FGC in Senegal.

Lessons Learned

- It is important to develop and use simple, user-friendly tools to support the management of primary health care at the service delivery level.

- There is a significant benefit in institutionalizing the fight against FGC by using the formal education system. This approach enhanced the existing community-based approach to fight this traditional practice.

E. Zimbabwe

Overview

Zimbabwe is a nation with a wealth of resources, both natural and human, that has strong development potential. However, the current economic and political crises ravaging the country have destroyed much of the progress achieved since independence in 1980. The land redistribution program has disrupted agricultural production and is leaving farm workers without homes or jobs. Mass hunger is a bleak reality, as the government of Zimbabwe has neither funds nor credit to replenish its food reserves. The rate of HIV/AIDS infection in Zimbabwe is one of the highest in the world, and this situation is further eroding social and economic progress. The family planning program in Zimbabwe, once considered one of the most successful in the developing world, has seen a drop in the effectiveness of its CBD program

Since October 2001, Advance Africa worked with USAID/Zimbabwe in an increasingly difficult political environment to provide services to local communities. Advance Africa collaborated with the Zimbabwe National Family Planning Council (ZNFPC), mission hospitals, the Zimbabwe chapter of FAWE (FAWEZI), CAs, and other NGOs to mitigate the HIV epidemic while strengthening RH/FP services. Advance Africa and ZNFPC integrated HIV/AIDS prevention into CBDs' RH/FP work through information, counseling, and referral for HIV testing in 16 districts. Advance Africa launched an integrated FP and PMTCT initiative in four mission hospitals, worked with FAWEZI to incorporate LSE in schools, and collaborated with SCF and other local NGOs on reproductive health and life skills for orphans and vulnerable children (OVC).
Advance Africa partnered with Catholic Relief Services (CRS)/STRIVE and its sub-grantees to develop and implement a program that addressed the reproductive health needs of youth, particularly the increasing number of OVCs.

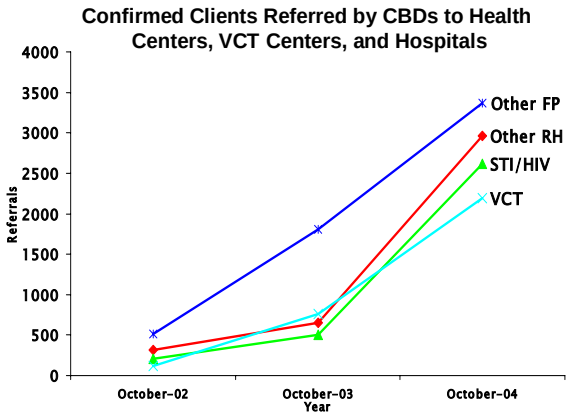
Results

The ZNFPC Expanded CBD Programme increased the contribution of the CBD agents in HIV/AIDS prevention while increasing their effectiveness in family planning. The service statistics and the impact evaluation demonstrated significant results from CBDs' new role.

Service statistics showed an increase in VCT referrals from a baseline of 121 to over 2,000 and growth in HIV/AIDS/STI referrals from 202 to over 3,500 (Figure 5). CBDs also contributed to an increase in FP utilization from 514 to over 3,400. The number of male condoms distributed grew from 175,100 to 1,041,958 (411%) and oral contraceptive cycles from 54,976 to 888,279. The number of female condoms distributed increased by a factor of eight. Within new catchment areas distribution of oral contraceptives increased by 662% most likely a result of the presence of depot holders. The number of home-based care visits by CBDs grew from 1,259 in 2002 to 1,983 in 2003.

The impact evaluation comparing the baseline and the end line surveys showed a significant increase of respondents' awareness of the risk factors, of HIV testing history, and of improved referrals from CBDs for HIV testing. At the end line, 16% more males reported having only one partner during the last 12 months than at the baseline. The proportion of males with three or more partners in the last 12 months fell by 13%. At the end line, more females in the intervention group (93%) reported having zero or one partner. In addition, 95% of the respondents were aware of at least one correct risk factor for HIV/AIDS compared to 23% at the baseline. Testing also increased with 19% reporting that they had been tested for HIV at the end line compared to 11% at the baseline. A total of 48% of the end line respondents who had been tested had been referred by a health system source that include CBDs. The number of clients referred to the VCT centers by the CBDs at the end line increased from 0-10%.

Fig. 5 FP Referrals in Zimbabwe Increase as HIV Education and Referrals Increase



Although the Advance Africa intervention was not intended to directly support the family planning activities of the CBDs, the study indicated that 65% of people interviewed had used family planning methods during to their last sexual encounter compared to 62.4% at the baseline

(a 4% increase). Similarly, the number of people currently using FP methods was over 60% and the national average in 2002 was 54%.

The integration of family planning into VCT, PMTCT and other HIV/AIDS services in the three mission hospitals has yielded encouraging preliminary results. In less than 12 months the number of new family planning acceptors at VCT sites increased by approximately by 4% each month and represents 68% of all FP users received in VCT centers. More HIV positive clients have shifted to dual protection (27%) than HIV negative clients (3%).

Lessons Learned

- The political environment and conflict in Zimbabwe requires accommodation to rapid changes in order to maintain on-going activities of the program.

- Given the extent to which the population was affected by the HIV/AIDS epidemic there was a need for a multi-sectoral and multi-dimensional intervention through collaboration with many partners (CRS, ZNFPC, FAWE, Mission Hospitals, MOH) to address the various needs of the populations.

- Capacity development through training, coaching and strong organizational support is critical to successfully implement a program in a country experiencing constant social and economic crisis.

3. MAJOR OUTCOMES

The Advance Africa project accomplished four major outcomes:

- Through collaboration with WHO/AFRO and the Regional RH Task Force, the Repositioning Family Planning framework was adopted by the 46 member states. Family Planning is now an integral component of SSA's efforts to meet the Millennium Development Goals. Organizations are committed to supporting FP as an essential health and development intervention. The Women's Network, created after the Regional Conference to promote FP in Africa, is a strong illustration.

- Through its collaborative work with CAs and other organizations, Advance Africa has built the foundation for the promotion of best practices in public health in general, and specifically in RH/FP. This work contributed to defining the best practices concept; the development of a set of criteria for identification, validation and classification; and the creation of various mechanisms for dissemination (Best Practices Compendium, web page, CD-ROMs, workshops, and other printed materials).

- The project demonstrated various mechanisms to integrate RH/FP into HIV/AIDS services (CBDs, VCT, PMTCT), and RH/FP into non-health sectors such as education (FAWE/LSE), and conservation (JGI).

- Advance Africa successfully launched RH/FP services in post-conflict settings in DR Congo and Angola implementing approaches that can be used to rebuild and operationalize health systems in complex and difficult environments.

4. OVERALL LESSONS LEARNED

- Integrating family planning services with both health and non-health programs is feasible and can be successful in spite of human resource and financial constraints. This is particularly significant in post-conflict countries, an ever increasing situation in SSA.

- Partnerships with a diverse group of regional; national; and local institutions, NGOs, and communities, enables greater and more rapid results. Building a sense of ownership in these organizations supports the sustainability of family planning programs and activities.

- Bringing documented evidence to decision-makers engenders increased commitment.

- Ownership, at all levels, particularly at the community level, is an important variable in the equation leading to increased utilization, sustainability of RH/FP programs, and ultimately improved health outcomes and development.

- In post-conflict settings different types of responses are necessary and when tailored to the unique country situation, lead to achievements. Flexible programs are critical in these environments.

- In the field much time and effort are required to convince decision makers of the importance of family planning as a priority health intervention, and then to support the development of a country strategy to strengthen family planning activities. In countries where FP is not a priority and maternal and infant mortality are high, bringing documented evidence to decision-makers increases the ability to engender the commitment of government, donors, program managers, providers and communities.

- In the context of competing needs and perspectives from different clients, the project management team must maintain flexibility and openness to successfully address differing priorities.

- The best practices approach strengthens the effectiveness and efficiency of program implementation. The Best Practices Compendium is a valuable knowledge management and decision-making tool that documents the implementation of evidence-based practices and provides a framework through which to demonstrate and share evidence of success. Expanding the use of the Compendium and evaluating the impact of its use remains a challenge.

5. THE WAY FORWARD

USAID and its partners should continue the work on repositioning family planning to capitalize on the return in the investments in evidence-based approaches and promoting OBS as a health intervention. These are critical areas requiring more time and support to promote, develop, and eventually become sustainable. A network of collaborative regional organizations has been mobilized as part of the current movement to reposition family planning in Africa. The momentum should not cease at this critical juncture. Organizations such as WHO and WAHO, which had previously not been very engaged in promoting family planning are now strongly committed and play a vital supportive role in bringing tremendous change to the region. This process needs to be not just maintained but strengthened.

As more countries find themselves in post-conflict settings requiring more development assistance, USAID should seriously consider advocating for and supporting the use of family planning and birth spacing interventions to strengthen family health in returning communities to normality, such as the cases in DR Congo and Angola. Healthy families increase stability in civil society.

The major tools and approaches used by Advance Africa took at least four years to be developed, tested, and validated in the field. It was only in the final year of the project that these tools could be fully utilized and viewed as successful in supporting RH/FP activities. These tools and approaches were developed and envisioned for wider dissemination and use in scaling up RH/FP programs. Given the extent of USAID's initial investment in developing these sound tools, we recommend that they continue to be promoted and used in other USAID funded programs.

In Mozambique, the Mission requested that Advance Africa work with other CAs in a coordinated effort to promote child survival and family planning where responsibilities were clearly delineated for everyone concerned. This situation worked very well and indeed, may be a model for USAID to consider for the future, to avoid confusion and feelings of competitiveness among CAs working in a specific country.

As much as possible, USAID missions need to ensure that contraceptive security exists and can meet increased demand arising from successful repositioning family planning strategies and activities in considering how and to what extent they will support RH/FP programs.

The use of traditional and natural family planning methods can be used as a "gateway" to introduce the benefits of modern methods and scale up family planning programs.

6. GENERAL CONCLUSIONS

Advance Africa achieved significant results in both its global leadership agenda and in its country programs, which contributed to improving the life of the African population it served. The project succeeded in bringing back family as a priority health intervention in Africa and in promoting best practices worldwide. It also successfully integrated RH/FP into HIV programs and various health and non-health sectors in five countries. It is important to note that Advance

Africa succeeded in rebuilding health systems and re-launching FP activities in highly challenging post-conflict settings in some of these countries.

One of the remaining challenges has been to plan for continuation and possible scaling-up of these activities after the project ends. Into each of its interventions the project integrated the important issue of sustainability, and spent most of the final year working to develop mechanisms to ensure the sustainability of its achievements. Collaboration with other CAs, particularly with local organizations and MOH staff; the development of management procedures, guidelines and tools; and the training of community and health personnel were all intended to leave behind strong capacity and systems to maintain, and even improve, Advance Africa's results.

At the regional level, the momentum created for repositioning FP is strongly supported by organizations such as WHO/AFRO, WAHO; internally by USAID and other donors such as UNFPA and Kreditanstalt für Wiederaufbau (KFW); as well as dynamic networks like the African Women's Network for the Promotion of Family Planning. Locally, all ministries of health from the WHO/AFRO member states are now engaged in repositioning family planning in accordance with the framework presented and adopted at the meeting of the WHO/AFRO 54th Regional Committee for Africa. The framework recognized family planning as an essential health intervention to reduce the high African infant and maternal mortality rates. Despite this new era for RH/FP where country officials have publicly committed to support RH/FP in their countries, there will still be a need for USAID and other donors to maintain, and even reinforce, their technical and financial support to ensure the sustainability and expansion of the results achieved in this project.

ANNEX

Documents used in preparation of this report:

- Angola Country Report, Advance Africa, September 2005, Lead Author: Dr. Nohra Villamil Torres

- DR Congo Country Report, Advance Africa, September 2005, Lead Author: Dr. Issakha Diallo

- Mozambique Country Report, Advance Africa, August 2005, Lead Author: Dr. Elvira Beracochea

- Senegal Country Report, Advance Africa, November 2004, Lead Author: Youssouf Ouedraogo

- Zimbabwe Country Report, Advance Africa, September 2005, Lead Author: Jeanette Kesselman

- Advance Africa Annual Report 2002, Advance Africa team collaboration

- Advance Africa Annual Report 2003, Advance Africa team collaboration

- Advance Africa Annual Report 2004, Advance Africa team collaboration

- Best Practices Compendium Internal Assessment, Advance Africa, September 2004, Prepared by: Mercedes Torres, Tonya Nyagiro and Nina Pruyn

- Report on the 3rd Meeting, Regional Reproductive Health Task Force, Harare, Zimbabwe, October 4-8, 2004, World Health Organization Regional Office for Africa

- Repositioning Family Planning in West Africa, Co-Sponsors: USAID, WHO/AFRO, Advance Africa, AWARE-RH, and the POLICY Project, in collaboration with the GHANA MINISTRY OF HEALTH, UNFPA, IPPF, and other collaborators, Rapporteur –General's Report, Prepared by: Akunu Dake

- Repositioning Family Planning in Africa Working Assembly, Arlington Virginia, Advance Africa October 12-13, 2004